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| 7590 02/12/2007  JOHN S. BEULICK  AQRMSTRONG TEASDALE LLP  ONE METROPOLITAN SQUARE  SUITE 2400   |   |   |  |   |                           | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                      |   |  |  |
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|  |   | ······································            |  |   | <u></u>                   |   |                                      |   |  |  |
| APPLICATION NO.  | FILING DATE   |   |  | FIRST NAMED INVENT  |                           |   |                                      |   | CONFIRMATION NO.   |  |
| 09/715,958<br>TITLE OF INVENTION   | 11/15/2000<br>: GLOBAL VENDOR F   | INANCIN   | IG SYSTEM A  | John Barry<br>ND METHOD   |                           |   |                                      | 85VF00108   | 6073   |  |
| APPLN. TYPE  | SMALL ENTITY  | ISSUI   | E FEE DUE  | PUBLICATION FEE D   | ŲE                        | PREV, PAID ISSUI  | E FEE                                | TOTAL FEE(S) DUE  | DATE DUE   |  |
| nonprovisional   | NO  | 5   | \$1400   | \$0   |                           | \$0   |                                      | \$1400  | 05/14/2007   |  |
| EXAMINER   |   | ART UNIT  |  | CLASS-SUBCLASS  | 3                         |   |                                      |   |  |  |
| HAMILTON,  |   | 3691 705-038000                                   |  |   |                           |   |                                      |   |  |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is Note of the correction of the co</li></ol> |   |   |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for I a substitute for filing an assignment. |                           |   |                                      |   |  |  |
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| Heller Financial, Inc. Chicago, IL   |   |   |  |   |                           |   |                                      |   |  |  |
| Please check the appropri  | ate assignee category or  | categories  | (will not be pri   | nted on the patent):  |                           | Individual 🛛 Co   | rporati                              | on or other private grou  | p entity Government  |  |
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|  | us (from status indicated   |   | CFR 1.27.  |   | -                         |   |                                      | FITY status. See 37 CFI   |  |  |
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| Authorized Signature   | Jack  | H.  | To S   |   |                           | Date <u>Apri</u>  |                                      |   |  |  |
| Typed or printed name  |   |   |  | Registration No   |                           | 38,880  |                                      |   |  |  |
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